

Survey of diagnostic facilities for *Chlamydia trachomatis* and herpes simplex virus, 1984

BRITISH CO-OPERATIVE CLINICAL GROUP

SUMMARY During 1984 the British Co-operative Clinical Group undertook a survey of genitourinary medicine clinics in the United Kingdom to assess the availability of laboratory diagnostic facilities for *Chlamydia trachomatis* and herpes simplex virus. Of the 115 clinics assessed, 68% (78) had adequate facilities for culture for *C trachomatis* and 87% (100) for herpes simplex virus.

Introduction

Though laboratory facilities for the diagnosis of syphilis and gonorrhoea are available to all departments of genitourinary medicine, the availability of facilities for the microbiological diagnosis of the more prevalent sexually transmitted infections caused by *Chlamydia trachomatis* and herpes simplex virus is variable. During 1984 the British Co-operative Clinical Group undertook a survey of clinics in the United Kingdom to assess the variations in the availability of these facilities.

Methods

Doctors in charge of all sexually transmitted diseases (STD) clinics in the United Kingdom were sent a questionnaire for completion. They were asked to state whether cultural and serological tests for *C trachomatis* and herpes simplex virus were available to their clinics. They were also asked whether in their opinion the current provision was adequate and whether such services were essential.

The responses from individual clinics were subsequently collated and the results tabulated on a regional basis.

Results

Consultants in 115 of 212 clinics in the United Kingdom responded to the questionnaire.

DIAGNOSTIC FACILITIES FOR INFECTIONS WITH *CHLAMYDIA TRACHOMATIS*

Table I summarises the provision of services for the

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TABLE I Facilities for culture for *Chlamydia trachomatis*

Region	No of clinics responding	No (%) where services were:		
		Adequate	Inadequate	None
England:				
North	37	29 (78)	6 (16)	2 (5)
Midlands	24	19 (79)	3 (13)	2 (8)
South	24	13 (54)	4 (17)	7 (29)
London	22	11 (50)	2 (9)	9 (41)
Scotland	5	5 (100)		
N Ireland	2			2 (100)
Wales	1	1 (100)		
Total	115	78 (68)	15 (13)	22 (19)

cultural diagnosis of infections with *C trachomatis*. The results indicated that culture facilities were more widely available in clinics in the north of England and the Midlands. The absence of any chlamydial culture service in 41% of London clinics, including some teaching hospitals, and 29% of clinics in southern England is noteworthy.

Clinicians without this facility were unanimous in their opinion that a chlamydial culture service is essential. Those who felt that the service available to them was inadequate were concerned either because of the limited number of specimens that could be processed or because the receiving laboratory was often a considerable distance from their clinics. In some cases, the service was provided by an adjacent district health authority because the local authority was unable, or unwilling, to provide a satisfactory service.

Table II summarises the provision of services for serological diagnosis of infections with *C trachomatis*. Though clinicians were less united in their opinions about the value of serological tests for *C trachomatis* infections, most thought that serological testing was desirable and could be helpful in diagnosing

TABLE II Facilities for serological tests for *Chlamydia trachomatis*

Region	No of clinics responding	No (%) where services were:		
		Adequate	Inadequate	None
England:				
North	37	13 (35)	5 (14)	19 (51)
Midlands	24	3 (13)		21 (88)
South	24	5 (21)	2 (8)	17 (71)
London	22	7 (32)	1 (5)	14 (64)
Scotland	5	4 (80)	1 (20)	
N Ireland	2			2 (100)
Wales	1			1 (100)
Total	115	32 (28)	9 (8)	74 (64)

complicated genital tract infections, such as pelvic inflammatory disease and epididymitis, especially when partially treated patients presented.

DIAGNOSTIC FACILITIES FOR INFECTION WITH HERPES SIMPLEX VIRUS

Almost all (97%, 112/115) clinics were able to detect herpes simplex virus by culture (table III). Those who expressed dissatisfaction were usually concerned about problems of transporting samples to distant laboratories, which would increase the possibility of false negative results.

TABLE III Facilities for culture for herpes simplex virus

Region	No of clinics responding	No (%) where services were:		
		Adequate	Inadequate	None
England:				
North	37	33 (89)	4 (11)	
Midlands	24	23 (96)	1 (4)	
South	24	17 (71)	7 (29)	
London	22	21 (95)		1 (5)
Scotland	5	5 (100)		
N Ireland	2			2 (100)
Wales	1	1 (100)		
Total	115	100 (87)	12 (10)	3 (3)

It is noteworthy that neither of the respondents in Northern Ireland possessed a culture service for either *C trachomatis* or for herpes simplex virus.

Serological diagnosis of herpes simplex virus infections was possible in most clinics (table IV). There was no decisive opinion upon the need for this facility.

Discussion

Neither *C trachomatis* nor herpes simplex virus infections can be diagnosed reliably by their clinical appearances alone, and both have potentially serious physical and psychological sequelae. The wide geographical variation in the provision of laboratory facilities for the diagnosis of these common sexually transmitted diseases in 1984 must be viewed with concern. Clinicians generally thought that culture

TABLE IV Facilities for serological tests for herpes simplex virus

Region	No of clinics responding	No (%) where services were:		
		Adequate	Inadequate	None
England:				
North	37	29 (78)	5 (14)	3 (8)
Midlands	24	9 (38)	2 (8)	13 (54)
South	24	15 (63)	1 (4)	8 (33)
London	22	17 (77)	1 (5)	4 (18)
Scotland	5	5 (100)		
N Ireland	2	2 (100)		
Wales	1	1 (100)		
Total	115	78 (68)	9 (8)	28 (24)

facilities for the two organisms were essential requirements for STD clinics.

Since this survey was conducted, some districts that previously lacked these laboratory services have acquired facilities to detect *C trachomatis* either by culture or by direct immunofluorescent testing. The latter might be particularly useful in clinics separated from their supporting laboratory by some distance. We hope that clinics that remain without appropriate laboratory facilities may find the results of this survey useful in negotiations with their local district health authority.